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07/27/2004

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DENNIS P. TRAMALONI	(Depositor's name)
Day Maria	(Signature)
OCTOBER 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/939,966	08/27/2001	Li Chen	1095	5412	

TITLE OF INVENTION: SELECTIVE CYCLIC PEPTIDES WITH MELANOCORTIN-4 RECEPTOR (MC4-R) AGONIST ACTIVITY

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DU	E C	DATE DUE	
nonprovisional	NO	\$ <del>1330</del> - (	370	\$300	\$ <del>1630</del> -16	70 1	0/27/2004	<del></del>
EXAM	INER	ART UNIT		CLASS-SUBCLASS	10/28/2004 BABR	AHA2 000000	22 002525	03939966
LUKTON	N, DAVID	1653		530-317000	.01 FC:1501 02 FC:1504	1370.00 Di		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer</li> </ol>		orrespondence	(1) the nar or agents ( (2) the nar registered 2 registere	ting on the patent front page, mes of up to 3 registered pat DR, alternatively, me of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I mame will be printed.	s a member a 2 DEI	ORGĒ <sup>9</sup> -Ŵ <sup>9</sup> , D		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not	be printed on the patent);					
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
X Issue Fee	☐ A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form PTO-2038 is attached.					
X Advance Order - # of Copies <u>TEN (10)</u>	XXThe Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>08-2525</u> (enclose an extra copy of this form).					
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	7. D b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).					
The Director of the USPTO is requested to apply the Issue Fee and Pul	olication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.					

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(Authorized Algnature) (Date) OCTOBER 25, 2004

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